35

DEC 19 1929

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36770

1. PLACE OF DEATH

County Dunklin — Registration District No. I 84 — File No.

Township Freeborn — Primary Registration District No. 4168 — Registered No. 21

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Geo. Robert Woods

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sally Virginia Loren

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22nd 1877

7. AGE — YEARS 52 — MONTHS ~~Day~~ — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

PARENTS

10. NAME OF FATHER Wm. Wood.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ills.

12. MAIDEN NAME OF MOTHER Amanda Anderson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ills.

14. INFORMANT J. Amos Wood
(Address) Clarkton Mo

15. FILED 11-6, 1929 J B Stemmetz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-6 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1929, to Nov 6, 1929 that I last saw him alive on Nov 6, 1929, and that death occurred, on the date stated above, at 4.15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108

..... (duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY) 101 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J B Stemmetz, M. D.

11-6, 1929 (Address) Clarkton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Standfield Cem. — DATE OF BURIAL 11-7 1929

20. UNDERTAKER W M Hubbard — ADDRESS Clarkton